

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6091	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name James D Cox P.O. Box, Bldg., Room No., if any Street 3300 S. 103rd Street City Milwaukee State Wisconsin ZIP Code + 4 53227-4111	4. Name, file number, and address of labor organization. Name Steamfitters Local #601 Labor Organization File Number 036-231 P.O. Box, Building and Room Number, if any Street 3300 S. 103rd Street City Milwaukee State Wisconsin ZIP Code + 4 53227-4111
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *James D. Cox* On 3/28/2006 414-543-0601
Date Telephone Number

Name of Person Filing James Cox

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Benefit Plan Administration

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 11270 West Park Place

City Milwaukee

State Wisconsin

ZIP Code + 4 53224

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Third Party Administrator
(Wisconsin Pipe Trades Health Fund)

11.b. Approximate dollar value of such dealing.

\$620,000

12.a. Nature of interest held or income received.

Golf Outing

12.b. Amount.

\$108

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing James Cox

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Previant, Goldberg, Uelmen, Gratz, Miller
& Brueggemen, S.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any F.O. Box 12993, Suite 202

Street 1555 N RiverCenter Drive

City Milwaukee

State Wisconsin ZIP Code + 4 53212

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

11.a. Nature of such dealing.

Union's Legal Counsel

11.b. Approximate dollar value of such dealing.

\$12,984

12.a. Nature of interest held or income received.

Attended Professional Baseball Game

12.b. Amount.

\$50

Name of Person Filing James Cox

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Previant, Goldberg, Uelmen, Gratz, Miller
& Brueggeman, S.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.B. Box 12993, Suite 202

Street 1555 N. RiverCenter Drive

City Milwaukee

State Wisconsin ZIP Code + 4 53212

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Union's Legal Council

11.b. Approximate dollar value of such dealing.

\$12,984

12.a. Nature of interest held or income received.

Attended Luncheon

12.b. Amount.

\$25

Name of Person Filing James Cox

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name International Foundation of Employee Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 69

Street 18700 West Bluemond Road

City Brookfield

State Wisconsin ZIP Code + 4 53008-0069

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Wisconsin Pipe Trades Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11270 West Park Place

City Milwaukee

State Wisconsin ZIP Code + 4 53224

11.a. Nature of such dealing.

Health Fund Trustee

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

International Foundation Employee Benefits Conference
Las Vegas, Nevada

12.b. Amount.

\$900

JAMES COX
STEAMFITTERS LOCAL 601
ATTACHMENT TO FORM LM-30

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2005 to December 31, 2005. Accurate records of reportable occurrences were not kept for the 2005 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2005 to December 31, 2005, I will immediately file an amended Form LM-30.

James O. Cox
Signature

3-28-06
Date